

Commonwealth of Massachusetts Division of Professional Licensure

Office of Public Safety & Inspections

Climbing Wall Facility Inspection Summary

1000 Washington Street - Suite 710 - Boston - MA 02118

An alternate form may not be used, however supplemental information may be attached. The following report is submitted in compliance with 520 CMR 5.15 established by the Office of Public Safety & Inspections (OPSI).

(Inspection Company Name)	(Organization/Site Name)		
(mspection Company Name)	(Organization) Site Iname)		
(Inspection Company Address)	(Climbing Wall USID Numb	(Climbing Wall USID Number)	
(Inspection Company Phone Number)	(Climbing Wall Facility Con	(Climbing Wall Facility Contact Person)	
(Inspection Company Fax Number)	(Climbing Wall Facility Phone Number)		
(Inspection Company E-Mail)	(Climbing Wall Facility E-Mail Address)		
r	Note:		
I hereby certify, under pains and penalties of periclimbing wall facility elements employing fall prot following pages are in compliance with 520 CN Deficiency Report and that I have personally in	I inspector. ury, that, to the best of my know ection systems and the related of MR 5.15, except where noted on	wledge and belief, the equipment listed on the the accompanying	
(Print Certified Inspector's Name)	(Date of Inspection)	(Date Submitted)	
(Certified Inspector's Signature)	(MA Certified Inspector Nur	nber and Expiration Date)	

Review Checklist		Submitted	
	Yes	No	
Operations Manual			
Certified inspector's report from the previous year (if applicable).			
Maintenance repair log (<i>if any</i>).			
Manufacturer's Safety Bulletins (<i>if any</i>).			
Accident\Incident Report Forms.			
Emergency Action Plan.			
Dailey Equipment Inspection Log contains:			
A complete list of equipment to be inspected, on a daily basis.			
Each log entry, signed and dated by a Climbing Wall Facility Staff member.			
• Inspection records for 12 months (<i>since the last inspection</i>).			

Certified Inspector's Deficiency ReportComplete list for any items determined to be out of compliance with 520 CMR 5.00 and \or inspection standards.

No.	Name of Deficient Component or Structure	Reason for Deficiency	Action Plan to Correct Deficiency

Mail completed form and attachments to: